



SEE BACK OF FORM FOR INSTRUCTIONS FOR COMPLETION

1a. NAME AS SHOWN ON CERTIFICATE (LAST, FIRST, MI)		1b. ANY OTHER NAMES USED (LAST, FIRST, MI)
2. CERTIFICATE NUMBER:		SOCIAL SECURITY NUMBER:
3. AFFECTED CERTIFICATE:	EFFECTIVE DATE: (MM/DD/YYYY)	CERTIFYING AUTHORITY:
EMT-I		
EMT-II		

MAY STILL WORK AS AN EMT-I? YES NO

4. TYPE OF ACTION TAKEN

NEW ACTION MODIFIED ACTION

IMMEDIATE SUSPENSION PENDING COMPLETION OF INVESTIGATION	DATE SUSPENDED: (MM/DD/YYYY)		
SUSPENSION	DURATION:	FROM:	TO:
PROBATION	OR UNTIL SPECIFIED REQUIREMENT IS MET		
REVOCATION	DATE EFFECTIVE: (MM/DD/YYYY)		
DENIAL	DATE DENIED: (MM/DD/YYYY)		
REINSTATEMENT	DATE REINSTATED: (MM/DD/YYYY)		

5. REASON(S) (PER SEC. 1798.200(c) H&S CODE) FOR NEGATIVE CERTIFICATION ACTION:

- | | |
|---|---|
| 1. Fraud in procurement of certification | 9. Addiction to/misuse of alcohol or drugs |
| 2. Gross negligence | 10. Functioning outside of medical control |
| 3. Repeated negligent acts | 11. Impaired/irrational behavior-physical disability |
| 4. Incompetence | 12. Unprofessional conduct |
| 5. Commission of fraudulent acts | A. Mistreatment or physical abuse of any patient |
| 6. Conviction of related crimes | B. Failure to maintain confidentiality of patient medical information |
| 7. Violation of Div. 2.5 regulations | C. Penal Code Section 290 Offense |
| 8. Violation of drug statutes/regulations | |

6. LOCAL EMS AGENCY TAKING ACTION:	SIGNATURE OF MEDICAL DIRECTOR
	▶
PERSON TO CONTACT FOR ADDITIONAL INFORMATION:	
NAME: (FIRST LAST)	PHONE NUMBER: ()

INSTRUCTIONS FOR COMPLETION OF NEGATIVE CERTIFICATION ACTION REPORT

Note: In order to ensure that certification information is current, please complete and send this form to the EMS Authority with (5) working days of completing a negative certification action or changing a negative action for any reason. A delay in reporting could result in increased danger to the public health and safety or undue hardship to a certificate holder, depending on the nature of the action taken.

1. NAME OF CERTIFICATE HOLDER:

- a) Provide the complete name, last name first, of the certificate holder or applicant.
- b) If the certificate holder was issued the certificate under a different name, please provide previous name used.

2. CERTIFICATE HOLDER'S CERTIFICATION NUMBER, DRIVER'S LICENSE NUMBER AND SOCIAL SECURITY NUMBER:

To facilitate accurate identification of the certificate holder, please provide the individual's certification number and the individual's Social Security number.

3. AFFECTED CERTIFICATE:

Check EMT-I or EMT-II to indicate the affected certificate. Specify the effective date of certification and the name of the agency that issued the certificate. If the affected certificate is for EMT-II, please indicate whether or not the certificate holder may continue to work as an EMT-I.

4. TYPE OF ACTION TAKEN:

Check whether the action being reported is a new action or a modification of a previous action (i.e., If you previously reported the immediate suspension of a certificate and you are now reporting that the certificate has been revoked, check "modified action.") Then check the appropriate box(es) to indicate which of the following action(s) is being reported. Provide the additional information as indicated for each type of action.

Immediate Suspension: Specify the date that the immediate suspension took effect.

Probation: If probation is for a specific time period, check the top box and indicate the specific dates that the probation will be in effect. If the probation will require that a special requirement (such as completion of specific training, etc.) be met prior to reinstatement, check the second box and note the requirements on the line provided (i.e. complete 10 supervised ALS contacts, etc.)

Suspension: Follow the instructions given above for the probation.

Revocation: Specify the effective date of the revocation.

Denial: Specify the date that the certificate was denied. Note: Report denials only if the denial is for one of the reasons listed in Section 1798.200 of the Health and Safety Code. A routine denial for failure to meet any basic certification requirement (i.e., completion of training, passage of certification exam, provision of required documentation, etc.) is not a negative certification action and should not be reported on this form.

Reinstatement: Specify the date that the reinstatement was/will be effective.

5. REASON(S) FOR NEGATIVE CERTIFICATION ACTION:

Specify the reason(s) the individual presents a threat to the public health and safety as safety as listed in Section 1798.200 of the Health and Safety Code. **These are only valid reasons for taking a negative certification action under the law.** If you are taking a negative certification for any reason that does not appear to be covered by the listed reason, please call the EMS Authority for clarification of applicable policy before completing the action.

6. LOCAL EMS AGENCY INFORMATION:

Provide the name of the local EMS Agency taking the negative action and have the medical director sign and date the negative action report. Also provide the name and phone number of the person who should be contacted if further information is needed regarding the action.